

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

157
FILED NOV 16 1962

Primary Registration District No.

3028

Registrar's No.

207

STATE FILE NUMBER

-62-043123

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CARTHAGE

Length of stay in 1b

1 WK.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McCUNE BROOKS HOSP.

Inside Limits

Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPERc. CITY
OR TOWN

SARCOXIE

d. STREET
ADDRESS

ROUTE # 2

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

VIOLA

MAY

COATES

4. DATE
OF DEATH

Month

Day

Year

Nov. 7, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24

MAY 6, 1878

84

Months

Days

Hours

Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

SARCOXIE, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

SAM WHISNER

13b. MOTHER'S MAIDEN NAME

SUSAN UNK

14. NAME OF HUSBAND OR WIFE

W. E. COATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

RAIMON COATES, SARCOXIE, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the head of the Pancreas (Suspected) Unknown

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Cholecystitis

PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-12-61

to 11-7-62

and last saw her

Death occurred at

1:55

P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard D. Cooley M. D.

(Degree or title)

22b. ADDRESS

CARTHAGE, MO.

22c. DATE SIGNED

11-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-10-62

23c. NAME OF CEMETERY OR CREMATORY

HARVEY CEMETERY

23d. LOCATION (City, town, or county)

JASPER COUNTY

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.

25. DATE RECD. BY LOCAL REG.

11-8-62

26. REGISTRAR'S SIGNATURE

E. H. Clinton

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.